6.8. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 16085		2. Fiscal Year Covered From:					
			1 / 1 / 2	2004 Through	: 12 / 31	/. 2004	
3. Name and address of person filing.			4. Name, file number, and address of labor organization.				
Name Scott	Belford	Nam	New York City	District	Council of C	arpenters	
		Labo	r Organization File Nur	mber 032-92	2	i	
P.O. Box, Bldg., Room No., if any 8th Floor			P.O. Box, Building and Room Number, if any				
Street 395 Hudson Street			Street 395 Hudson Street				
City New York			City New York				
State New York	ZIP Code +4 10014-3669	State	New York		ZIP Code + 4	10014-3669	
5. Position in labor organization.	izer, Delegate		,			i I	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):							
A. Held an interest in, engaged in trans monetary value from an employer wh	ose employees your organization	on repr	sents or is actively	seeking to repre	esent.		
6. Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.				
Name Greater NY Floorcovers Industry Promo Fund			03/16/2004-Jurisdictional meeting and lunch with Empire State Council of Carpenters and Greater New				
Trade Name, if any:			Floorcovers As	ssociation.			
P.O. Box, Bldg., Room No., if any						!	
Street 500 North Broadway		7.b. Ar	iount.				
City Jerico			<b>\$75</b> :				
State New York	ZIP Code +4 11753-2127						
Signature							
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (Including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
signed Scott U	1. Beford	On	08/10/2005	212-929-29	940		
			Date	1	elephone Number		

Name of Person Filing	Scott Belford		File Number U-		

## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived	income or other economic benefit of monetary value from an employer whose
employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Greater N.Y Floorcovers Industry Promo Fund	04/20/2004-Jurisdictional meeting and lunch with Empire State Council of Carpenters and Greater New York Floorcovers Association.
Trade Name, if any:	
•	
P.O. Box, Bidg., Room No., if any	· · · · · · · · · · · · · · · · · · ·
	7.b, Amount.
Street 500 North Broadway	
	\$75
City Jerico	
State   New York ZIP Code + 4 11753-2127	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name :	i i
Raile	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
A. Held an interest in, engaged in transactions (including loans) with, or derived i employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or income.
Name	
Trade Name, if any:	
riade Name, II any.	:
P.O. Box, Bldg., Room No., if any	İ
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Street	
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City :	!
State ZIP Code + 4	
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Add New Part A